

Entered - 10-4-00 - sb
CL 00L0658 - ALEXIS HOLMES

CLAIM OF: **K. MICHELLE BUCKMAN**
14 Vista Square
Atlanta, Georgia 30327

01- *R*-0252

For vehicular damages alleged to have been sustained as a result of driving over an improperly secured steel plate in the road on September 27, 2000 at DeFoors Avenue and Mantissa Street NW.

BY PUBLIC SAFETY AND
LEGAL ADMINISTRATION COMMITTEE:

BE IT RESOLVED by the Council of the City of Atlanta that the action of the Department of Law be approved in authorizing payment to **K. Michelle Buckman** the sum of **\$561.47** in full settlement and satisfaction of all claims, past, present and future, of every kind and character **for vehicular damages alleged to have been sustained as a result of driving over an improperly secured steel plate in the road on September 27, 2000 at DeFoors Avenue and Mantissa Road** as is more particularly set forth in the within claim; said sum taken from and charged to account 2J01/529017/T31001, Settlement of Suits and Claims, Department of Law.

APPROVED: SUSAN PEASE LANGFORD
CITY ATTORNEY

BY:

Rosalind Rubens Newell
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY

Robert M. King DCA

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 00L0658

Date: 2/9/01

Claimant /Victim K. MICHELLE BUCKMAN

BY: (Atty) _____

Address: 14 Vista Square, Atlanta, Georgia 30327

Subrogation: _____ Claim for Property damage \$ 561.47 Bodily Injury \$ _____

Date of Notice: 10/11/00 Method: Written, proper X Improper _____

Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X

Date of Occurrence 9/27/00 Place: DeFoors Avenue and Mantissa Road

Department Public Works Division: Sewer Operations

Employee involved _____ Disciplinary Action: _____

NATURE OF CLAIM: The claimant sustained damages when she drove over a steel plate covering in the road. The City had prior knowledge of the problem and had failed to properly secure the steel plate covering or erect a barricade or post warnings to motorist.

INVESTIGATION:

Statements: City employee _____ Claimant _____ Other _____ Written _____ Oral _____

Pictures X Diagrams _____ Reports: Police X Dept Report X Other _____

Traffic citations issued: City Driver _____ Claimant Driver _____

Citation disposition: City Driver _____ Claimant Driver _____

BASIS OF RECOMMENDATION:

Function: Governmental _____ Ministerial X

Improper Notice _____ More than Six Months _____ Other _____ Damages reasonable X

City not involved _____ Offer rejected _____ Compromise settlement _____

Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____

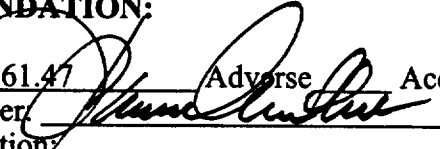
Claimant Negligent _____ City Negligent X Joint _____ Claim Abandoned _____

Respectfully submitted,


INVESTIGATOR - ALEXIS HOLMES

RECOMMENDATION:

Pay \$ \$561.47 Adverse _____ Account charged: 1A01 _____ 2J01 X 2H01 _____

Claims Manager:  Concur/date 02-12-01

Committee Action: _____ Council Action _____

COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERK
City Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

Today's Date: 10/4/00

Holmes
10/23/00
Ph

Dear Municipal Clerk:

MUNICIPAL CLERK

ENTERED - 10-24-00 - SB
00L0658 - ALEXIS HOLMES

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 561.47 property and/or \$ -0- bodily injury for which I contend the City is liable.

1. Date of incident: 09/27/00 (month/day/year) 2. Time of Incident: 12:15 p.m. 3. Police called: Yes ☒ No ☐
4. Location of incident (including street address): Near corner of Defoor Avenue + Mantis St. NW
5. Name of your insurance company: Liberty Mutual Insurance Policy No. _____
6. State what and how incident occurred: Drove through construction/pot hole + hit metal plate situated around a curve. The impact damaged wheel + tire, resulting in replacement of both parts. The metal plate is not serving its purpose + is behind the damaged asphalt, not over it.

7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!
8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).

Your vehicle: Volvo 1997 233MRJ K. Michelle Buckman
(Make) (Year) (Tag Number) (Driver's Name)

City vehicle: N/A
(Make) (City Driver's Name) (Department/Bureau)

9. Witness: Chris C. Sipos 12 Vista Square Atl. 404-355-4532
(Name) (Address) (Telephone Number)

10. The acknowledgement of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).

11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

K. Michelle Buckman
Signature of Claimant

K. Michelle Buckman
(Print Claimant's Name)

14 Vista Square
(Address)

Atlanta, GA 30327
(City, State and Zip Code)

404-894-6894 404-352-2381
(Work Number) (Home Number)

01-R-0252